

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021376

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6089

STATE FILE NUMBER

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jeffersonc. CITY
OR
TOWN HerculeaneumInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Lutheran HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
912 Main StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Samuel William

Broombaugh

4. DATE
OF
DEATH

Month

Day

Year

June

8

1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Dec. 15, 19089. AGE (last birthday)
5410. IF UNDER 1 YEAR
Months Days11. IF UNDER 24 HR.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Carpenter10b. KIND OF BUSINESS OR INDUSTRY
St. Joseph Lead Co.11. BIRTHPLACE (City and state or country)
Crawford County, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Broombaugh

13b. MOTHER'S MAIDEN NAME

Emma Edwards

14. NAME OF HUSBAND OR WIFE

Hilma Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Hilma Broombaugh, Herculeaneum, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction due to

INTERVAL BETWEEN
ONSET AND DEATH

13 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1960 to 8 July 1963 and last saw him alive on 7 July 1963
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward W. Geburki M.D.

22b. ADDRESS

3701 Crandall St.

22c. DATE SIGNED

6/8/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

June 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

Roselawn Memorial

23d. LOCATION (City, town, or county)

Crystal City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Home, Inc., Festus, Mo.

25. DATE RECD. BY LOCAL REG.

JUN 10 1963

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

65

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by LEROY T. LUCAS, Student Embalmer No. 697

working under my personal supervision.

Student

Leroy T. Lucas
Signature of Student Embalmer

Signed

Keith B. Virginia

Licensed Embalmer No. 4976

P. O. Address

Freetown, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.